alteration, more marked especially if death has taken place by slow poisoning. Individual conditions of acquired immunity show remarkably that these elements require an enormous resistance against the deleterious action of the diphtheritic toxin. Animals refractory to diphtheria can tolerate in their circulation even five hundred times the fatal dose of toxin without producing any change in the nerve-centres or elements.—*La Riforma Medica*, 1896, Nos. 29, p. 338; 30, p. 351; 31, p. 363.

THE PREVENTIVE ACTION OF QUININE IN PALUDISM.

M. LABORDE believes that this is no longer in doubt. If this is not everywhere admitted at present, it is because the rational indications have not been studied and the choice of preparation, its form, and appropriate dose made out. In general, too small doses and too long intervals have been the sources of failures. In general, one and one-half to three grains every day, according to the severity of the service, seem to be sufficient. The objection to the continued use of the drug that it presents, among other inconveniences, that of habituation, so that its specific activity may be lessened or abolished at the time when its intervention is absolutely necessary, is not of sufficient weight to induce complete reliance to be placed, as do Kelsch and Kiener, upon the habit of not exposing one's self, when fasting, to fever-producing emanations, and the use of tonic drinks, coffee, tea, and alcohol in small doses.—*Journal des Praticiens*, 1896, No. 10, p. 155.

THE GASTRIC CRISES OF TABES DORSALIS.

M. H. HUCHARD calls attention to the fact that in 1885 Sahli noted that these crises depended upon an attack of deficient hydrochloric acid, and should be treated by sodium bicarbonate, two and one-half to three and one-half drachms *per diem*. More recent work tends to point out that the proper treatment during the crises and hypopepsia is absolute rest, and, for food, undercooked eggs, some vegetable *purées*, crust of bread, and, for drinks, water, but no milk. During the period of quiescence or hypopepsia (hydrochloric acid equalling zero), sodium bicarbonate in from fifteen to thirty grains, an hour before meals; a solution of hydrochloric and lactic acids (hydrochloric acid, 1; lactic acid, 5; water, 500); a Madeira glass, after meals. For food, *purées* of feculent vegetables, some meats well cooked, boiled and chopped eggs, and water to which is added a little wine.—*Journal des Praticiens*, 1896, No. 8, p. 114.

GUAIACOL AS A TOPICAL APPLICATION IN DIPHTHERIA.

DR. S. SOLIS-COHEN states that this drug early used seems to destroy the bacilli and prevent the spread of the pseudo-membrane. Bacteriological examination of cultures taken from the same throat before and after its application has shown in the first instance the bacilli, and in the second none have been found. The formula is guaiacol, 10; menthol, 1; sterilized olive oil, 10. The same application is of service as a prophylactic against diphtheria by application to the throat of the healthy inmates of the house in which the disease has appeared. This has been proved by Elwyn in two epidemics. In folliculous tonsillitis it is capable of cutting short the disease if early and thoroughly applied, and even in parenchymatous tonsillitis mitigates considerably the severity of the affection.—*Philadelphia Polyclinic*, 1896, No. 16, p. 157.

A POSSIBLE EXPLANATION OF SUDDEN DEATH AFTER THE ADMINISTRATION OF DIPHTHERIA ANTITOXIN.

DR. C. B. FITZPATRICK suggests that the cause of death of a male infant, aged twenty-one months, who died suddenly while in perfect health, in consequence of an injection of this substance, may have been due to the carbolic acid which is known to have been present. This is present to the amount of 5 per cent., and the dose administered contained between three-fourths and four-fifths of a grain. The patient in question received about five times the safe dose, and, inasmuch as the minimal fatal dose is unknown, perhaps a fatal dose.—*The Medical Record*, 1896, No. 1328, p. 571.

THE TREATMENT OF CANCER AND SARCOMA BY FORCED ALIMENTATION AND THE USE OF THE TOXIN OF ERYSIPELAS.

DR. B. H. DETWILER reports five instances. Hypernutrition was instituted in the form of large quantities of concentrated peptonized liquid food, with from one to two pints daily of a very superior old port wine, independent of the usual food. The cases were: 1. Cancer of the spine by metastasis from the breast, with a renewal of the disease in the cicatrix of the breast. 2. Cancer of the uterus. 3. Ulcerating surface after removal of one breast, with involvement of the other. 4. Immense sarcoma of liver. 5. Rapidly growing sarcoma of the neck. So far as the toxin injections were concerned, they were barren of results, although there were temporary good effects from the hypernutrition.—*Therapeutic Gazette*, 1896, No. 3, p. 149.

THE TREATMENT OF ENTERITIS.

DR. EDWARD P. DAVIS states that in the artificial feeding of infants cleanliness, the scalding (not boiling) of milk, and its administration at regular intervals are essential. In weakly, marasmatic babies the milk should be partially digested; this is readily done with the peptogenic milk-powder. Barley-water, 1 to 32, is a valuable addition to the diet, exerting an astringent action in case of diarrhœa. Oatmeal-water of the same strength exerts a laxative action. If the child vomits, is feverish, and has frequent stools, the milk should be stopped altogether for twenty-four to thirty-six hours and albumin-water substituted. The latter is prepared by adding the white of one raw egg to eight ounces of water; in addition, the child should get light chicken- or mutton-broth or freshly extracted beef-juice. Brandy and water form a good stimulant, and may be administered in ten-drop doses six or eight times daily. The administration of a dose of castor-oil, guarded by some brandy to prevent griping, is of exceeding value to clean out the irritating material from the intestines. Lavage of the intestines is of first importance in intestinal infantile disorders. It is accomplished by the use